PART B - FEE(S) TRANSMITTAL

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

WASHINGTON OFFICE

23373

CUSTOMER NUMBER

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

					ı			
APPLICATION N	IO. FILIN	IG DATE FIRST NAMED IN		ENTOR ATTORNEY D		OCKET NO.	CONFIRMATION NO.	
10/765,320 01/2		7/2004	Manfred FUC		CQ10441		9408	
TITLE OF INVENTION: ONLINE SOURCE RECONSTRUCTION FOR EEG/MEG AND ECG/MCG								
TITLE OF INVENTIO	N: ONLINE SOUR	CE RECONSTRUCTI	ON FOR EEG/ME	EG AND EC	G/MCG			
APPLN. TYPE	SMALL	SMALL ISSUE FEE		ON PRE	EV. PAID ISSUE FEE	TOTAL FEE	(S) DATE DUE	
	ENTITY		FEE			DUE		
nonprovisional	YES	\$755.00	\$300.00		\$0.00	\$1,055.00	10/15/2010	
			Т					
EXAMINER			ART UNI	ART UNIT CLAS				
Jo	3737		600-407000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 2. For printing on the patent front page list 1 Sughrue Mion, PLLC								
☐ Change of correspondence address (or Change of Correspondence Address form				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2				
PTO/SB/122) attached.								
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev								
03-02 or more recent) ATTACHED. Use of a Customer Number is required.				member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
								3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Compumedics Limited Thomastown, Australia								
DI 1 1 1							·	
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
4a. The following fee(s) are submitted: ☑ Issue Fee				☐ A check is enclosed.				
☑ Publication Fee (No small entity discount permitted)				☑ Payment by credit card. Form 1310-2038 is attached.				
☐ Advance Order - # of Copies			☐ The Dire	☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880.				
				 ✓ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 				
					edit any overpayments t			
5. Change in Entity Sta		· ·						
a. Applicant claims					nger claiming SMALL E			
	=						e application identified above.	
NOTE: The Issue Fee a party in interest as show					an the applicant; a regis	tered attorney or a	agent; or the assignee or other	
Authorized Signature		William H. Mandir/	_	Date		October 1	5, 2010	
Typed or Printed Name	,	William H. Mandir		Registration	n No.	32,156		